

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

## Part I. HIV/STI Testing History

### A. HIV Testing

1. Have you ever been tested for HIV?  
If yes, How many times have you been tested? \_\_\_\_\_ ☐ No ☐ Yes
2. When was your *last* HIV test? Date \_\_\_\_/\_\_\_\_ (mm/yyyy)
3. What was the result? ☐ Negative ☐ Positive ☐ Unsure
4. If you are HIV positive, when was your *first* positive test result? Date \_\_\_\_/\_\_\_\_ (mm/yyyy)
5. If you are HIV positive, are you taking HIV meds? ☐ No ☐ Yes
6. If you are HIV positive, when was the last time you saw a medical provider for HIV care? Date \_\_\_\_/\_\_\_\_ (mm/yyyy)
7. Are you getting an HIV test today? ☐ No ☐ Yes
8. If yes, what do you expect your result to be? ☐ Negative ☐ Positive ☐ Unsure

### B. STI Testing

1. Have you *ever* been diagnosed with an STI? ☐ No ☐ Yes → Check all that apply:
- ☐ Gonorrhea ☐ Genital or Anal Warts
- ☐ Chlamydia ☐ Genital Herpes
- ☐ Syphilis ☐ Other: \_\_\_\_\_
2. Have you been diagnosed with an STI *in the last year*? ☐ No ☐ Yes

## Part II. Sexual Behaviors

**A. How many sexual partners have you had?**

	In the past 3 months:	In the past 12 months:	In your lifetime:
Male partners	_____	_____	_____
Female partners	_____	_____	_____
Transgender partners	_____	_____	_____

**B. Please check the types of sexual activity you have had *in the past 3 months*:**

[illegible]

### Part III. Partner & Relationship Characteristics

#### A. Relationship status

1. How would you describe your current relationship status?	<input type="checkbox"/> Not having sex	<input type="checkbox"/> Having sex but do not have an exclusive sex partner			
	<input type="checkbox"/> In an exclusive relationship with one person <b>without</b> outside sex partners	<input type="checkbox"/> In an exclusive relationship with one person <b>with</b> outside sex partners			
	<input type="checkbox"/> Other: _____				
2. How long have you been in your current relationship?	<input type="checkbox"/> <1 month	<input type="checkbox"/> 1-3 months	<input type="checkbox"/> 3-6 months		
	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> >12 months	<input type="checkbox"/> N/A		
3. Do you know the HIV status of your "primary" or "main" partner?	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A	
4. Did you know the HIV status of your most recent "secondary"/"casual"/"non-main" partner?	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A	
	Never	Rarely	Sometimes	Usually	Always
5. How often do you use condoms when having anal or vaginal sex with partners who have <i>the same HIV status as yours</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often do you use condoms when having anal or vaginal sex with partners whose <i>HIV status is different from yours</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How often do you use condoms when having anal or vaginal sex with partners whose <i>HIV status you do not know</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### B. Partner selection strategies

	Yes	No
1. Do you make sexual decisions based on the HIV status of your partners?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you intentionally select sex partners who have the same HIV status as you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you more likely to have unprotected anal or vaginal sex with a partner whose HIV status is the same as yours than with a partner whose HIV status is different from yours or unknown?	<input type="checkbox"/>	<input type="checkbox"/>

### Part IV. Other Behaviors

#### A. In the past 12 months, have you used any of the following? (check all that apply)

<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Club drugs (GHB, K, etc)
<input type="checkbox"/> Poppers	<input type="checkbox"/> Cocaine or crack	<input type="checkbox"/> Viagra/Cialis/Levitra
<input type="checkbox"/> Ecstasy	<input type="checkbox"/> Heroin	<input type="checkbox"/> Other: _____

#### B. Please answer the following questions about your alcohol use in the past 12 months.

1. In the past 12 months, how often did you consume alcohol?	<input type="checkbox"/> Never	<input type="checkbox"/> 2-4 times a month	<input type="checkbox"/> ≥ 4 times a week			
	<input type="checkbox"/> Monthly or less	<input type="checkbox"/> 2-3 times a week				
2. On occasions when you drank, how many drinks did you typically have?	<input type="checkbox"/> 1 or 2	<input type="checkbox"/> 3 or 4	<input type="checkbox"/> 5 or 6	<input type="checkbox"/> 7, 8, or 9	<input type="checkbox"/> 10 or more	<input type="checkbox"/> N/A
3. When you had sex, how often were you drunk or buzzed on alcohol?	<input type="checkbox"/> Never	<input type="checkbox"/> About half the time	<input type="checkbox"/> Always			
	<input type="checkbox"/> Less than half the time	<input type="checkbox"/> More than half the time				
4. When you had sex, how often were you high or buzzed on substances other than alcohol?	<input type="checkbox"/> Never	<input type="checkbox"/> About half the time	<input type="checkbox"/> Always			
	<input type="checkbox"/> Less than half the time	<input type="checkbox"/> More than half the time				

#### C. In the past 12 months, could any of the following apply to you? (check all that apply)

<input type="checkbox"/> I had sex with an anonymous partner.	<input type="checkbox"/> I used injection drugs.
<input type="checkbox"/> I met a sex partner online or through a social networking site.	<input type="checkbox"/> I shared needles or works.
<input type="checkbox"/> I had sex at a bathhouse.	<input type="checkbox"/> I exchanged sex for drugs or money.